

FOOD STAMP BUDGET WORKSHEET

CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED	
CERTIFICATION PERIOD FROM _____ THROUGH _____	ISSUANCE MONTH _____	ISSUANCE MONTH _____	DOCUMENTATION	
PART 1 - GROSS INCOME ELIGIBILITY				
A. NONEXEMPT GROSS EARNED INCOME 1. Gross Salary, Wages 2. Self-Employment 3. Training Allowance 4. Total Gross Earned Income (A1 + A2 + A3)	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____		
B. NONEXEMPT GROSS UNEARNED INCOME 1. Cash Aid 2. Social Security, UIB, DIB, Pensions 3. Child/Spousal Support 4. Scholarships, Grants, Loans 5. Other 6. Total Gross Unearned Income (B1 + B2 + B3 + B4 + B5)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
C. GROSS INCOME TEST 1. Household Size 2. Maximum Gross Income Allowed (from Table) 3. Total Gross Monthly Income (A4 + B6) 4. Gross Income Eligible? (Is C3 less than or equal to C2?)	_____ \$ _____ \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ \$ _____ \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		
PART 2 - NET INCOME ELIGIBILITY				
D. INCOME (For Prospective Budgets Only) 1. Adjusted Gross Earned Income (80% of A4) 2. Total Nonexempt Gross Income (B6 + D1)	\$ _____ \$ _____	\$ _____ \$ _____		
E. NONEXEMPT GROSS EARNED INCOME (For Retrospective Budgets Only) 1. Gross Salary, Wages 2. Self-employment 3. Training Allowance 4. Total Gross Earned Income (E1 + E2 + E3) 5. Adjusted Gross Earned Income (80% of E4)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
F. NONEXEMPT GROSS UNEARNED INCOME (For Retrospective Budgets Only) 1. Cash Aid 2. Social Security, UIB, DIB, Pensions 3. Child/Spousal Support 4. Scholarships, Grants, Loans 5. Other 6. Total Gross Unearned Income (F1 + F2 + F3 + F4 + F5) 7. Total nonexempt Gross Income (E5 + F6)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
G. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTION 1. Standard Deduction: 2. Dependent Care (Lesser of Actual or Maximum) Child(ren) under two Child(ren) two and over/all other dependents Total Dependent Deductions 3. Homeless Shelter Deduction 4. Total Deductions (G1 + G2 + G3) 5. Preliminary Adjusted Income (D2 - G4 or F7 - G4)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
H. CHILD SUPPORT DEDUCTION 1. Total Legally Obligated Child Support paid out by household 2. Adjusted Income (G5 - H1)	\$ _____ \$ _____	\$ _____ \$ _____		
I. SHELTER DEDUCTION 1. Total Housing Costs 2. Total Utility costs (Actual or SUA) 3. Total Shelter Costs 4. Allowable Shelter Costs (50% of H2) 5. Excess shelter Costs (I3 - I4) 6. Maximum Allowance for Shelter 7. Allowable Shelter Deduction (Lesser of I5 or I6)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
J. NET MONTHLY INCOME (H2 - I7)	\$ _____	\$ _____		
K. NET INCOME TEST 1. Household Size 2. Maximum Net Income Allowable from 3. Net Income eligible	_____ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		
PART 3 - BENEFITS				
ALLOTMENT	SUPPLEMENT	ALLOTMENT	SUPPLEMENT	
E.W. Initials/Date _____				

WORKSHEET FOR CHANGES AND OTHER DOCUMENTATION**PART 4-RESOURCES**

L. MOTOR VEHICLES			DOCUMENTATION	
	Vehicle 1	Vehicle 2		
1. Vehicle Owner			For one licensed vehicle per household, determine the equity value; subtract exclusion limit & apply the excess to the resource limit. Apply the full equity value of all other vehicles to the resource limit.	
Year/Class				
Make and Model				
Estimated Value				
Amount Owed				
Licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Value				
3. Excluded as home, income producing, transport for handicapped or primary transport for fuel or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	FMV	
			Minus Encumbrance	
4. Under current exclusion limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
5. Exempt for household use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
6. For work, to seek work, school or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Minus Exclusion Limit	
If exempt and under exclusion limit, STOP here			Excess Value	

If applicant/recipient disagrees with excess value of vehicle document below the alternate method used to determine value.

M. RESOURCE ELIGIBILITY (Nonexempt Resources Only)

	ISSUANCE MONTH	ISSUANCE MONTH
1. Previous Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (M1 + M2a + M2b + M2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)		
a. _____	\$ _____	\$ _____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (M4a + M4b + M4c)	\$ _____	\$ _____
6. Current Resources (M3 - M5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5-INCOME COMPUTATIONS**N. SELF-EMPLOYMENT (Nonexempt Resources Only)**

	ISSUANCE MONTH	ISSUANCE MONTH
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses: <input type="checkbox"/> Standard 40% Deduction	_____	_____
<input type="checkbox"/> Actual Expenses (Verification Required)	_____	_____
3. Total Nonexempt Income from Self-Employment	\$ _____	\$ _____
If averaging self-employment income go to N7. If adjusting a previous average, continue to N4.		
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	_____	_____
6. Adjusted Self-Employment Income $N3 \pm N4 \pm N5$	\$ _____	\$ _____
7. Monthly Self-Employment Income ($N3$ or $N6 \div$ number of months income covers)	\$ _____	\$ _____

O. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS

	ISSUANCE MONTH	ISSUANCE MONTH
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	_____	_____
3. Total Nonexempt Educational Income ($O1 - O2$)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans ($O3 \div$ number of months income covers)	\$ _____	\$ _____

PART 6-REPORTED CHANGES (Other than the CA 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					